

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

03/24/2022

**4. Applicant Identifier:**

S6HAU593KB79

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Lake County Environmental Works

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

88-0750336

**\* c. UEI:**

S6HAU593KB79

**d. Address:**

**\* Street1:**

2566 HERON DR

**Street2:**

**\* City:**

LINDENHURST

**County/Parish:**

**\* State:**

IL: Illinois

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

60046-8521

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Teuta

**Middle Name:**

**\* Last Name:**

Tanaka

**Suffix:**

**Title:**

Director

**Organizational Affiliation:**

**\* Telephone Number:**

773-663-8569

**Fax Number:**

**\* Email:**

tboci3@gmail.com

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

EPA

### 11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities  
Relating to the Clean Air Act

### \* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-22-01

\* Title:

Enhanced Air Quality Monitoring for Communities

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

The project will perform air quality monitoring to survey the state of ethylene oxide emissions present in Lake County, Illinois.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

IL10th

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

01/01/2023

\* b. End Date:

02/01/2024

**18. Estimated Funding (\$):**

\* a. Federal

270,349.64

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

270,349.64

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

Ms.

\* First Name:

Teuta

Middle Name:

\* Last Name:

Tanaka

Suffix:

\* Title:

Director

\* Telephone Number:

773-663-8569

Fax Number:

\* Email:

tboci3@gmail.com

\* Signature of Authorized Representative:



\* Date Signed:

3/25/22